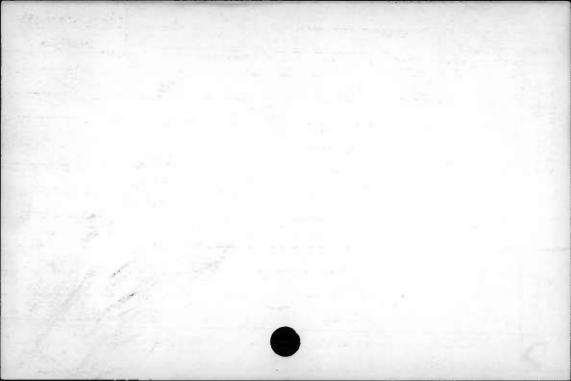
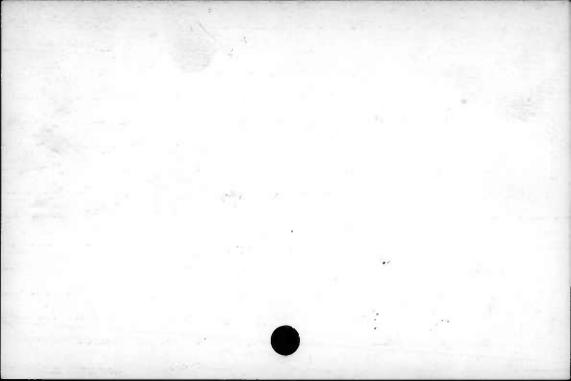
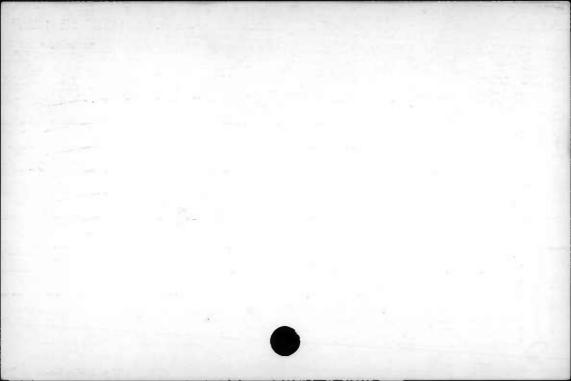
| Name in Full | Miss Sono | h. 60 | augus | CER CER | TIFICATE OF DEATH |
|-------------------------|--|-------------------------|---|--|-------------------|
| | Died at 22 | tral | County | | MARYLAND |
| D BY | Date of death 1903 - White | Day 10 | Age 2/3 | Months | Days |
| | sex Homan | Color or ATT | ute | Birth- place | |
| ANSWERED | Оссирацоп | 1 | Where Residing if not at place of death | | |
| BEAE | Married, Single Part & d | Name of Wife or Husband | ill, Con | 1 Grasi | <u></u> |
| | Father's 12mgg | Ve Bin | delson | Father's Birthplace | |
| OF 2 | Mother's Maiden Name | | Kut | Mother's Birthplace | |
| | Name of person giving In formation | | | How related to deceased | |
| | | CAUSE | S OF DEATH | | |
| | Primary Childs | Birth | | How long 6 | olons |
| IAN | Immediate (| 111 | 12 | How long | |
| PHYSICIAN OR CORONER | Are the name, age, sex, color, date and place correctly given above? | Just | Signature of Physician | The state of the s | |
| O E | | | Address | | |
| 8 | Accident or Suicide? | | and the same | | |
| | | | | LIBRAR | Y BUREAU ASSSIS |



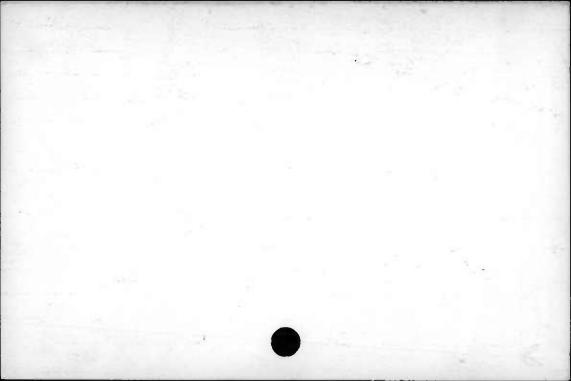
| Name | | D . | 1- | , | | |
|------------------------|--|----------------------------|---|----------------------------|--------------|--------------|
| Full | . Danistec | | | | CERTIFIC | ATE OF DEATH |
| Z | Died at Bove Toward | wit | Coalver | 1 | MA | RYLAND |
| | Date of death 190 5 4 | Day | Age | Mo | onths | Days |
| ED BY | Sex Fernale | Color or Race | bolored | Birth- place | salve | too |
| ANSWERED REST FRIEN | Occupation | - | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Name of Wile or Husband | | - | | |
| TO BE | Father's Hopen | rell 1 | Baruster | Father's Birthplace | Cali | nt- |
| | Mother's Marden Name Muse | Hend | mith | Mother's Birthplace | Cal | wart |
| | Name of person giving . Ho | Lewe | U Beniste | How related to deceased | | ther |
| | | CAUSI | S OF DEATH | | | |
| - | Primary Attill | Bos | n C | How long | - | |
| SICIAN | Immediate | | 01 | How long | | |
| PHYSICIAN R CORONEI | Are the name, age, sex, color, date and place correctly given above? | | Signature of Par | L. Yn | uche | Pertex |
| PHO C | | 0 | Address Bow | · Por | 11 | Te-Key |
| 1 | Accident or Suicide? | 10,=1 | Car | west | es 1 | Mid |
| Q1-1-1 | | | | | LIBRARY BURE | EAU A83916 |



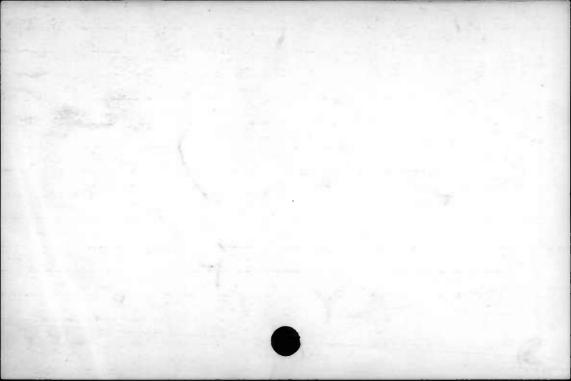
Name in CERTIFICATE OF DEATH Foll County Town Pula int Died at -/ Verulus a MARYLAND Months Days Date of death 190 rake Q Birth-Cal, Co. Color or FRIEN ANSWERED Race Occupation Whera Residing if not at place of death Name of Wife or Married, Singla Harland or Widowed 1-1 Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Pilmary How long ORONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSST



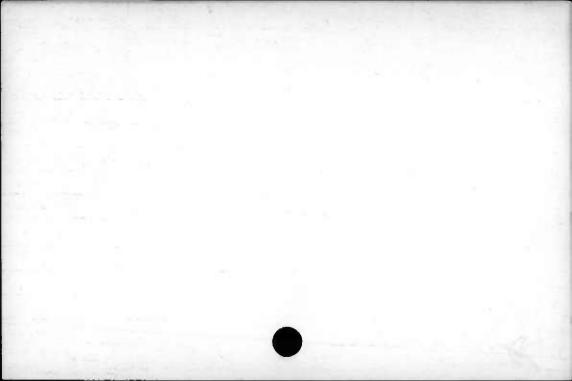
| Name | Ella Gross | | | CERTIFICATE OF DEATH | |
|-------------------------|--|---|-----------|----------------------|--|
| Full | Died at Fragis Calvert | | | MARYLAND | |
| | Date of death 1905 april 22 | Age Years | Mon | ths Days | |
| ED BY | Sex Finale Color or Col | ond | Birth- Ca | loint Co | |
| Answered Rest Frien | Occupation | Where Residing if not at place of death | | | |
| ANSW | Married, Single Name of Wile or Or Wildowed Husband | | | | |
| E A | Father's John Fi Loves | | | alort Co | |
| 10 | Mother's Sydney - Luson | | | Mother's Calout Co | |
| | Name of person giving John III Condition of de de | | | Father | |
| | CAUSE | S OF DEATH | | | |
| | Primary Pneumonia | 603 | How long | 2 days | |
| PHYSICIAN OR CORONER | Immediate Exthaustion | | How long | 7 | |
| | Are the name, age, sex, color. date and place correctly given above? | Signature of True, 7 | +ch | ambro res | |
| | | Address | eby | Calvertco | |
| | Absident or Suicide? | | 57 | | |
| | | | 1.1 | IBRARY SUREAU ASSOIG | |



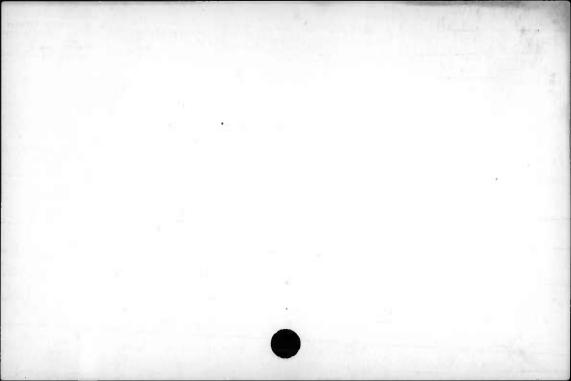
Name hus Margat Johnson. in CERTIFICATE OF DEATH Full County MARYLAND Months Days Date of death 190/ FRIEND Color or Race ANSWERED Occupation Where Residing if not at place of death REST Lilliann Married Single Name of Wife or Husband or Widowed [-] [2] calvert Ct. Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased he made and a In formation CAUSES OF DEATH Primary How long ORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician nuluit m Address ac. Accident or Suicide?



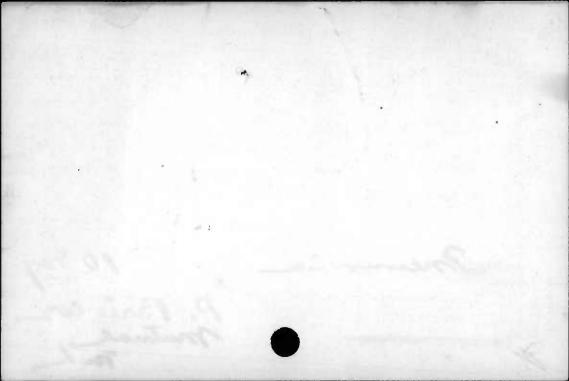
| Name in Full | Pearl Rebuce | a Johnson | CERTIFIC | CATE OF DEATH |
|-------------------------|--|---|--------------------------|---------------|
| | Died at Frague | Calver | f M | ARYLAND |
| | Date of death 190 5 april 2 Day | Age Years | Months | — Days |
| END | Sex Frankle Color or Ca | lond | Birth-Calors | of Co |
| ANSWERED | Oscupation | Where Residing if not at place of death | | |
| BE ANSV | Married, Single Name of Wite or Widowed Husband | | | |
| TO BE | Father's Basil John | eve | Father's Calu | rol Co |
| | Mother's Maiden Name Clin aboth To | aylor | Mother's Birthplace Calv | erfa |
| | Name of person giving Elinabeth | Tohuson | How related Mon | ther |
| | Caus | SES OF DEATH | | |
| | Primary Jasphoin Fr | var S | Howlong 6 2v | zeko |
| PHYSICIAN OR CORONER | Immediate Duffroper de | ict I | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | Signature of L. T. | Chamb | cas ma |
| | | Address & u | sty loa | loutes |
| 3 | Accident or Spicide? | | | |
| - | | | LIBRARY BUR | EAU A88819 |



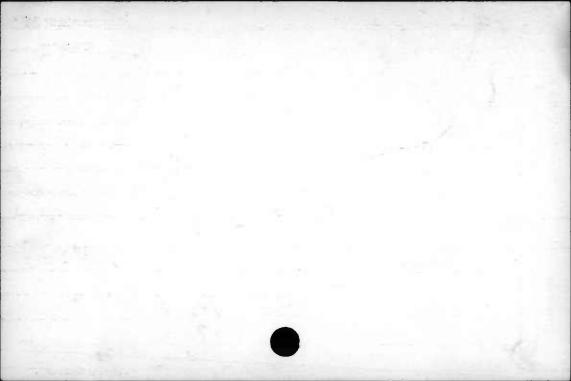
| Name in Full | Relieve La | | CERTIFIC | ATE OF DEATH | |
|------------------------|--|---|-----------------|------------------|--|
| | Died at adelina lealvert | | | MARYLAND | |
| | Date of death 1905 Chief 16 | Age | Months | Days | |
| ED BY | Sex Finale Color or Race | Ceoloud | Birth- place | | |
| ANSWERED | Occupation | Where Residing if not at place of death | | | |
| | Married, Single Married Name of Whe Husband | James Z | and | | |
| NEA | Father's Name | Father's Birthplace | | | |
| 0 - | Mother's Maiden Name | Mother's Birthplace | | | |
| | Name of person giving Imformation | How related to deceased | | | |
| | CAI | USES OF DEATH | | 1 - 1 - 1 | |
| | Primary Intestinal a | Epstruction | Howlong | | |
| PHYSICIAN R CORONER | Immediate Exhausti | 1009 | How long | ^ | |
| | Are the name, age, sex, color, date and place correctly given above? | Signature of Ann | 1. 1 Cing: | men | |
| P O R O | | Address Ba | retown ? | nd | |
| 1 | Accident or Suicide? | | The second of | | |
| | | | LISDADY DURE | A 14 A 0 0 m 4 0 | |



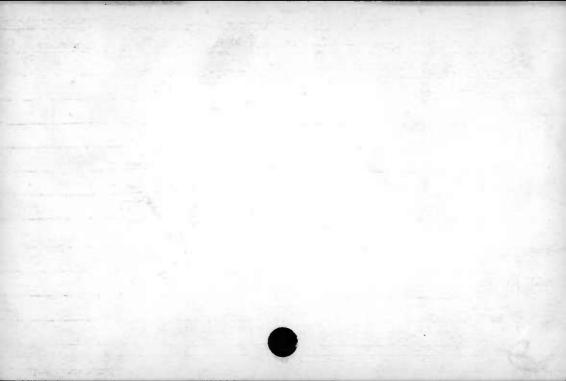
| Name in Full | gern | in to | Jasker. | | CERTIFICA | TE OF DEATH |
|------------------------|--|----------------------------|---|-------------------------|--------------|-------------|
| END BY | Died at Mullin | mutual Calvert | | ty t | MARYLAND | |
| | Date of death 1905 april | H Th | Age A/2 | Mo | onths | Days |
| | sex gisc | Color or L | tol | Birth- place C | ulde | 20 |
| ANSWERED REST FRIEN | Occupa Vori | | Where Residing if not at place of death | M | mile | ine |
| TO BE ANSW | Married, Single or Widowed | Name of Wile or Husband | | | | |
| | Father's Name David | est / | Barken | Father's Birthplace | dul | ilest |
| ř | Mother's Maiden Name | ie | 62 | Mother's Birthplace | Culi | Alcoh |
| | Name of person giving Information | ton | Locke. | How related to deceased | | |
| | | CAUSE | S OF DEATH | | | / - |
| | Primary | own_ | | long | | |
| PHYSICIAN R CORONER | Immediate | | 1 | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | / | | |
| P. O. B. | 2.5 Broo | les. | Address | | | |
| 8 | Accident or Suicide? | | | | | |
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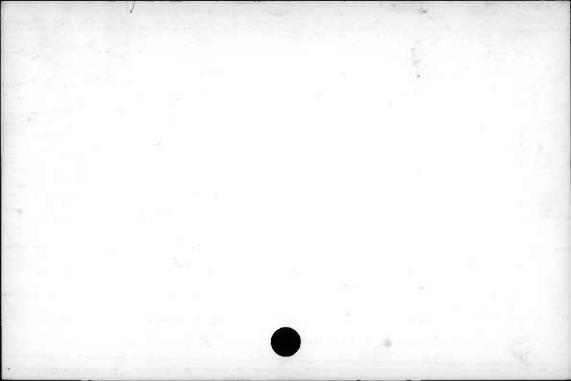
Name in CERTIFICATE OF DEATH Full County Town MARYLAND Died at Months Days Month Date Age of death 1903 ۵ Birth-Color or Potored ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long EB How long PHYSICIAN ORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address œ Accident or Suicide? LIBRARY BUREAU ASSSI



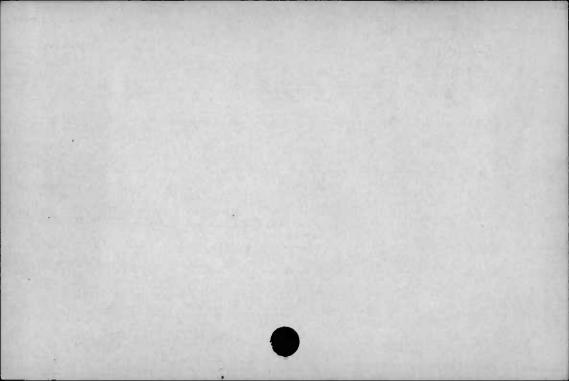
| Name in Full | mades 2 | mith | | | CERTIFICATE | OF DEATH |
|-------------------------|--|----------------------------|---|------------------------|-------------------------|----------|
| | Died at Brulua | - | Cal County | | MARYL | |
| | Date of death 190 % A Month | Day | Age | Mo | onths | Days |
| ED BY | Sex Mile | Color or Race | slond. | Birth- place | alves | 100 |
| ANSWERED | Occupation | | Where Residing if not at place of death | | | |
| TO BE ANSV | Married, Singto or Widowed | Name of Wife or Husband | | | | r- |
| | Father's Swhall Anith | | | Father's Birthplace | | |
| | Mother's Maiden Name MUSALA Dutlas | | | Mother's Birthplace | | |
| | | | | | How related to deceased | |
| | | CAUSE | S OF DEATH | | | |
| | Primary Amer | in | 170 | Howlong | 1 do | ay |
| PHYSICIAN OR CORONER | Immediate Mr | Mount | ~ () | How long | 100 | les |
| | Are the name, age, sex, color. date and place correctly given above? | | Signature of Physician | | | / |
| | | | Address | | | Y |
| > | Accident or Suicide? | : 1 | Breaks | +03 | 80 | |
| - | Jan . | | | | LIBRARY BUREAU A | 88616 |



| in Full | oreph a | Tova | ey | | CERTIFICATE OF DEATH |
|------------------------|--|-------------|---|------------------------|-----------------------|
| ND BY | Died at Joan Town | | Calor | rf | MARYLAND |
| | Date of death 190 5 Opril | 1 2ª y | Age Years | M° | nths Days |
| | Sex Mall | Color or Co | Cord | Birth- 6 | alourt Co |
| ANSWERED REST FRIEN | Occupation | | Where Residing If not at place of death | | |
| | Married, Single Single or Widowed | | | | |
| 四 五 | Father's Robert Torney Birthel | | | | palvert Co |
| 6 L | Mother's Marden Name Christian F, Fooli Birthpla | | | Mother's Birthplace | Baloretce |
| | Name of person giving Pobert Torrent to dece | | | | Father |
| | | CAUSI | ES OF DEATH | | |
| | Primary Juphy | id Fr | vin | How long | bout 3 mos |
| PHYSICIAN R CORONER | Immediate Omb | when (| lief | How long | 0 |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Head | Tilot. | ambrosms |
| P. P. | | | Address | usb | y ma |
| 1 | Accident or Suicide? | | | | |
| | | | | | LIBRARY BUREAU ABBBIG |



Name in CERTIFICATE OF DEATH Full County MARYLAND Month Months Days Date Color or Race Birth-place ANSWERED FRIEN Occupation Where Residing if not at place of death NEAREST reed Name or Wile or Married, Single TO BE Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Howerelated Name of person giving todeceased In formation CAUSES OF DEATH Primary CORONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUSEAU ASSES



| Name in Full | W. Burjamin Walls | CERTIFICATE OF DEATH |
|------------------------|--|-----------------------|
| | Died at Sollies County | MARYLAND |
| > | Date of death 1905 april 14 Age about 35 | Months Days |
| CRED B' | Sex Male Color or Colored Birth-place | Calout Co |
| 5 4 | Occupation October Where Residing if not at place of death | |
| | Married, Single Married Name of Wife or Mary S. Al | lly |
| E A E | Father's Strury Walls Father's Birthpla | |
| 10 | Mother's Mary Buller Birthpla | |
| | Name of person giving Honory Walls How rel | ased father. |
| | CAUSES OF DEATH | |
| | Primary pertriculosio How Ion | Woul 6 mos. |
| IAN | Immediate Exhaustion (How Ion | g // |
| PHYSICIAN R CORONEI | Are the name, age, sex, color. date and place correctly given above? Are the name, age, sex, color. date and place correctly given above? Physician Physician | ambrow MD |
| PHO | Address | 1. Calourt C |
| | Assident on Suiside? | |
| | | LIBRARY BUREAU ASSESS |

